

STAFF VACATION TRANSFER FORM

(shaded areas to be completed by Human Resources)

SOCIAL SECURITY NO.

LAST NAME, FIRST NAME

HOURS TRANSFERRED

DEPARTMENT

CURRENT VACATION HOURS

ANNUAL SALARY

MONTHLY / BIWEEKLY

PERCENT OF EFFORT

DONATED TO:

INDIVIDUAL

BANK

NAME:

SOCIAL SECURITY NO.

HUMAN RESOURCES APPROVAL

NAME

DATE
